Initial Approval: July 8, 2015

CRITERIA FOR PRIOR AUTHORIZATION

Farydak® (panobinostat)

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drug requires prior authorization:
Panobinostat (Farydak)

CRITERIA FOR INITIAL PRIOR AUTHORIZATION FOR PANOBINOSTAT: (must meet all of the following)

- Patient must have a diagnosis of multiple myeloma
- Must be prescribed by or in consultation with an oncologist
- Medication must be used in combination with bortezomib and dexamethasone
- Patient must have received at least 2 prior regimens, including bortezomib and an immunomodulatory agent
- Patient must be at least 18 years old
- Patient must not have severe hepatic impairment
- Patient must not be pregnant
- Patient must not have a baseline QTcF greater than or equal to 450 msec

LENGTH OF INITIAL APPROVAL: 8 cycles

CRITERIA FOR RENEWAL PRIOR AUTHORIZATION FOR PANOBINOSTAT: (must meet all of the following)

- Patient must have clinical benefit
- Patient must not have experienced any unresolved or medically significant toxicity
- Medication must be used in combination with bortezomib and dexamethasone
- Patient must not have severe hepatic impairment
- Patient must not be pregnant
- Patient must not have a baseline QTcF greater than or equal to 450 msec

LENGTH OF RENEWAL APPROVAL: 8 cycles, with a lifetime approval of a total of 16 cycles (48 weeks)

NOTE: Each cycle consists of 1 dose every other day for 3 doses per week (Days 1, 3, 5, 8, 10, and 12) of weeks 1 and 2 of each 21 day cycle. Week 3 is to be a resting period.